

**Title:** Joint Health and Wellbeing Board assurance framework

**Wards Affected:** All

**To:** Health and Wellbeing Board **On:** 19 May 2016

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## 1. Purpose

- 1.1 At its meeting in March 2016, the Board received a report which sought to provide the Health and Wellbeing Board with assurance against delivery of the current Joint Health and Wellbeing Strategy. It comprised:
- A written progress report against the priorities in the joined-up plan
  - The performance framework for Healthy Torbay
  - An exceptions report for the outcome frameworks across Public Health, Social care and the NHS
- 1.2 It is proposed that a report with similar detail is provided to the Board at its meeting in October 2016.
- 1.3 This interim report provides an update on work around two of the Board's three priority areas for action – Domestic Abuse and Alcohol. The third priority - Mental Health – will be the subject of the next seminar session scheduled to take place on 28 July 2016.

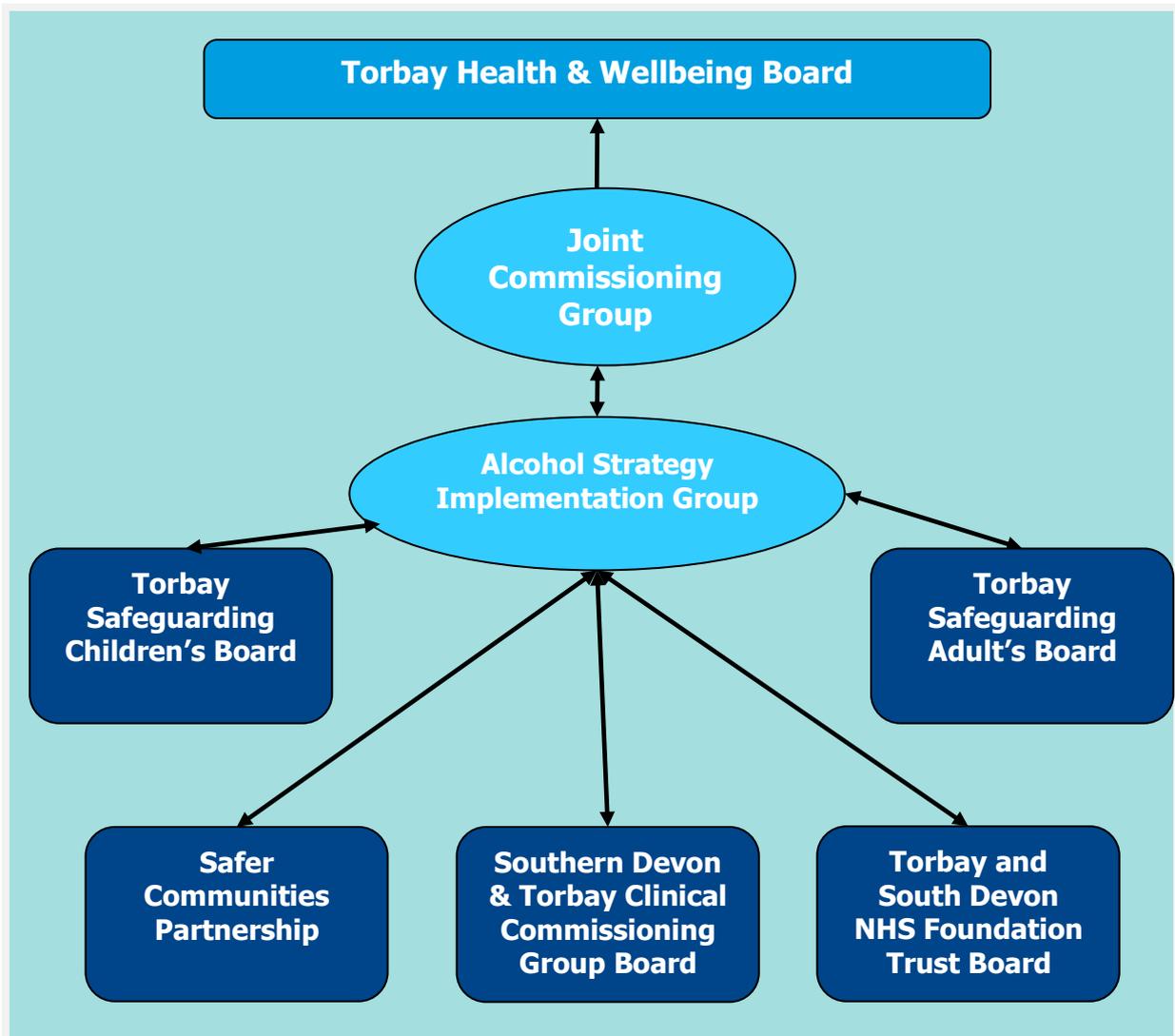
## 2. Domestic Abuse

- 2.1 At the last meeting, the Health and Wellbeing Board agreed a move of governance for domestic and sexual violence and abuse from Community Safety Partnership (CSP) to the Health and Wellbeing Board; this being in line with the shift of evidence away from 'crime and disorder' evidence, to health, prevention and wellbeing. This governance move will be effective from point of the new strategy, currently in the process of being developed and anticipated Autumn 2016. The CSP has agreed that this shift in governance will be key to taking forward important elements of the strategy, including prevention, work with young people and community engagement. CSP will continue to receive updates on the work, as will the Safeguarding Boards.

- 2.2 A Community Health Needs Analysis will be circulated to members of the Health and Wellbeing Board in June/July 2016. This will be formally considered, together with a series of recommendations of the way forward, at the meeting of the Board to be held in October 2016. Recommendations will be in line with both local data profile (provided from SWIFT analysis) and national evidence base. Some recommendations will be reliant on the allocation of pooled funding for such work, and some will be around interventions that can be delivered within existing resource.
- 2.3 Key to the successful implementation of a refreshed domestic and sexual abuse strategy for Torbay will be joint ownership of the strategy and its objectives by all agencies and the community.

### **3. Alcohol**

- 3.1 To reflect the broad ranging impact of alcohol, the new alcohol strategy for Torbay comprises of 4 distinct strategic themes:
- Alcohol Control
  - Reduction in Alcohol-related crime, disorder and impact on communities
  - Protection of Children & Young People from Harm
  - Prevention of alcohol-related harm in adults
- 3.2 Each of these themes has an associated action plan, with an allocated lead agency who is responsible for delivering against the relevant plan.
- 3.3 Consultation for the final draft of the new alcohol strategy and associated action plans finished on 29 April 2016. No significant changes are required.
- 3.4 The figure below shows the key relationships that the Alcohol Strategy Implementation Group will have. The Alcohol Strategy Group (chaired by Simon Tapley from the CCG) will both be informed by each of the Board and report to them, with final decision-making being through the Health and Wellbeing Board.



#### 4. Mental Health

- 4.1 Since the last mental health update to the board the CCG has been working on cementing and further enhancing evidence based service delivery for mental health services as one of the essential elements to its Vanguard site status. In terms of mental health we have moved towards equality in service provision in terms of children and adults, Out of Hours crisis psychiatric liaison provision is available to all ages from 9-10pm Monday to Friday and 9-5 on Saturdays and Sundays including Bank holidays.
- 4.2 As part of the Vanguard proposals we are hoping to provide these all age psychiatric liaison services 24/7 seven days a week. We are planning to further enhance the alternatives to those in crisis, already available locally. These will include out of hours crop in zones a sanctuary house, peer led support services, an expanded helpline for those in distress, it is further hoped that similar services will be available to children in emotional distress.

- 4.3 We have engaged with the Dartington Social Research Unit to develop a systems approach to understanding the pathways in both Children's Mental Health Services and Adult service provision. This will enable us to identify opportunities and simulations of what a variety of reforms to the mental health system may look like and what impact they may have. In essence develop an evidence based for system wide transformation. The Dartington Team will be presenting to the seminar session of the Health and Wellbeing Board in July.